Medicare Coverage Advisory Committee – Evaluative Questions

Physician-supervised Behavioral Interventions for Symptomatic Coronary Artery Disease

1. How well does the evidence address the effectiveness of physician-supervised behavioral interventions for patients with symptomatic coronary artery disease as compared to usual medical/surgical management?

** 1 – Poorly * 2 * 3 – Reasonably Well * 4 * 5 – Very Well*

1 2 3 4 5

	2. How confident are you in the validity of the scientific data on the following outcomes with respect to physician supervised behavioral interventions for patients with symptomatic coronary artery disease? *1 - No confidence* *2* *3 - Moderate Confidence* *4* *5 - High Confidence*	**3. How likely is it that physician-supervised behavioral interventions for patients with symptomatic coronary artery disease will positively affect the following outcomes when compared to usual medical/surgical management?** *1 – Not Likely* *2* *3 – Reasonable Likely* *4* *5 – Very likely*
Cardiac event incl. angina	1 2 3 4 5	1 2 3 4 5
Long-term Survival	1 2 3 4 5	1 2 3 4 5
Short-term Survival	1 2 3 4 5	1 2 3 4 5
QOL	1 2 3 4 5	1 2 3 4 5

4. **How confident are you that physician-supervised behavioral interventions will produce a clinically important net health benefit in the treatment of patients with symptomatic coronary artery disease?**

** 1 – No Confidence * 2 * 3 – Moderate Confidence * 4 * 5 – High Confidence*

5. Based on the scientific evidence presented, how likely is it that the results of physician-supervised behavioral interventions for patients with symptomatic coronary artery disease can be generalized to:

** 1 – Not Likely * 2 * 3 – Reasonably Likely * 4 * 5 – Very Likely*

a. The Medicare population (aged 65+): 1 2 3 4 5
b. Providers (facilities/ physicians) in community practice: 1 2 3 4 5

Glossary:

Physician supervised behavioral interventions: A comprehensive program utilizing several modalities that may include nutrition counseling, exercise, stress reduction, group therapy, etc.

Symptomatic coronary artery disease. Includes but is not limited to Angina, Myocardial Infarction, Coronary Heart Disease, etc

Validity. CMS uses "validity" here as defined by Meinert, "Validity, in the context of a treatment difference, refers to the extent to which that difference can be reasonably attributed to a treatment assignment." (Meinert CL. Clinical Trials, Overview. In: Redmond CK, Colton T, eds. Biostatistics in clinical trials. Wiley and Sons, 2001. pp. 37-51). This encompasses all issues of methodologic framework, study design, observed results, biological rationale, etc.

Net health benefit. Balance between risks and benefits including complications of surgery